



DEPARTMENT OF THE AIR FORCE
OFFICE OF THE CHIEF OF STAFF
WASHINGTON, DC

76 JUL 1998

MEMORANDUM FOR SEE DISTRIBUTION

**SUBJECT: Air Force Environment, Safety and Occupational Health Committee (ESOHC)
Meeting Minutes**

The AF ESOHC met May 27, 1998. Lt Gen Vesely and Mr. McCall co-chaired the meeting. The focus of the meeting was Occupational Health issues led by Maj Gen Mabry. Individuals attending from offices with required membership were as follows:

HQ USAF/IL	Mr. Orr, SES	SAF/GC	Mr. Sheuerman
HQ USAF/ILV	None.	AFMOA/SG	Maj Gen Mabry
HQ USAF/SE	Col Bergman	HQ USAF/RE	Col Koepp
HQ USAF/IG	Col Azukas	HQ USAF/XP	Ms. MacMichael
HQ USAF/ILE	Brig Gen Sheehan	SAF/LL	Maj Underwood
NGB/CF	Mr. Van Gasbeck	HQ USAF/JA	Maj Gen Egeland
HQ USAF/XO	Col (sel) Lillie	SAF/FM	Capt Osborne
SAF/AQ	Col Williams	SAF/PA	Ms. Parr
SAF/DP	Ms. O'Neil, SES	AFBCA/DR	Mr. Lowas, SES
HQ USAF/SC	None.		

Opening Remarks

Gen Mabry stated there were new opportunities to focus on the occupational health issues that hurt the mission the most and create the greatest costs. Because we are the DoD executive agent in several important areas, we are influencing the DoD discussion and policy. As each individual becomes more critical in combat, Lt Gen Roadman, the SG, is working with AF/XO to redefine force protection so that we work to prevent all non-battle injury and illness.

Safety and Occupational Health (SOH) Program

LtCol Kelli Ballengee, from SAF/MIQ, provided background on why we have an Occupational Health program, a summary of program costs, and recommended the committee endorse an effort to develop and implement metrics by Oct 98. The basic program requirement stems from the Occupational Safety and Health Act (OSHA) that requires employers to maintain a safe and healthful workplace. The OSHA program applies only to civilian workers, but DoD policy extends the program to uniformed individuals as well. The AF is not subject to fines and penalties because of sovereign immunity.

SOH costs including direct and indirect costs and the cost of Class A mishaps exceed \$2B/year. Class A mishaps caused damages valued at \$831M and injuries calculated at \$39M. While the number of appropriated fund civilian workers has dropped from approximately 230,000 in 1991 to 180,000 in 1997, the compensation costs remained fairly constant around \$115M to \$120M. Direct program costs for compensation, hazard abatement, and implementing the occupational health and safety programs are approximately \$450M/year. Indirect costs like lost worker productivity, retraining, and investigations have been estimated by various forums to range from 4:1 to 35:1 compared to direct costs. Her briefing used the National Safety Council estimates of a 10:1 ratio of indirect to direct costs and was applied to the civilian compensation figures. Since military don't receive workman's compensation, these indirect costs do not show the impact of our military injuries and illnesses.

Col Ballengee pointed out that many of the program costs are not easily reduced, and that some, like compensation, include legacy costs from past compensable incidents. The best way to reduce these costs long term is through prevention and risk management. One problem was that the metrics we use to track these costs are lagging indicators, that is they show what has already happened rather than helping to predict where a future incident may occur. The recommendation of her briefing is that the Overarching Integrated Process Team of the committee take an action to look at the metrics and propose new leading indicator metrics by Oct 98.

Gen Vesely stated that the indications of program costs did create a valid reason for the AF to give our leadership attention to the SOH program. He also pointed out that industry cares about SOH issues as well, but for different reasons; public approval, program costs, fines and penalties, and unions. He said we should benchmark with industry. Mr McCall said that these costs are the consequences of the day-to-day choices we make conducting AF operations, and that our total costs would be greater if we included similar costs for our military personnel or if we have not accurately estimated the indirect costs. Gen Egeland stated that any prevention oriented program would cross both civilian and military lines and that we should track military. Gen Mabry agreed and said the Surgeon now has a better way to clinically track military injury and illness and this was relevant to our force protection program. The committee asked whether the Outsourcing and Privatization environment had the incentives in place to reduce injury and illness and whether we couldn't create the programs we wanted through contract mechanisms? Ms O'Neil said there was a Civilian Personnel program to help people back to work. Mr Orr said his greatest success at the base was to develop a team of medical, line, legal, and others who worked together to help resolve individual problems. Gen Vesely said that what gets measured gets improved and that we will approve the recommendation. The committee asked DP to provide a briefing on their return to work program and link as appropriate with the Office of Special Investigation work with Federal Employee Compensation Act cases. Col Postlewaite pointed out a 1989 memo to the services from DoD directed us to devolve the compensation to the installation, but that for unknown reasons this was not implemented. Mr Orr said that even if it was a lagging indicator, the \$100M compensation bill was something we should use to push the visibility of the program cost down and that we should use it as a tool. The committee agreed and SAF/MIQ will investigate why devolvement did not occur and will work with DP to see if these program costs could be provided to the field.

ESOH Technology Planning Integrated Product Team (TPIPT) Update

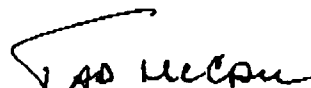
LtCol Brian McCarty from the Human Systems Center provided the committee an update on ESOH TPIPT activities and recommended the TPIPT operating practices be incorporated into AF instructions. He stated that the purpose of the TPIPT process is to provide solutions for ESOH-related needs to AF decision makers. The TPIPT assessed 236 medium and high risk needs since the process was reengineered in 1997. MAJCOMs and single managers had accepted 188 of the solutions. (Need example: The Advanced Medium-Range Air-to-Air Missile- AMRAAM System Program Office (SPO) wanted a less toxic and environmentally friendly pre-primer, primer, and top-coat for the AMRAAM. They were considering several alternatives. The TPIPT provided an assessment and rank ordering of the health and environmental risk of the alternatives. The SPO accepted the TPIPT recommendation and incorporated it into their manufacturing specifications.) The TPIPT grouped related needs into systemic issues for presentation to the ESOHC. Col McCarty related there were 5 major systemic issues which he briefed along with the lead MAJCOM: Range Operations-ACC; Space Launch - SPACECOM; Deicing - HQ USAF/ILEV; Hearing Conservation - AMC; and Ergonomics - AFMC. He summarized the link between TPIPTs and the planning and programming process. In Aug 97 MAJCOMs commented on the ESOH TPIPT charter. In Dec 97 those comments were briefed to the AF ESOH Committee. In Apr 98, at a MAJCOM TPIPT meeting, questions raised by the MAJCOMs concerning TPIPT operations were discussed and resolved, and the TPIPT membership agreed to follow the business practices of the charter. The briefing recommended these business practices be incorporated into existing AFIs when they are updated. The committee concurred. SAF/MIQ will take for an ongoing action.

Air Force Ergonomics Program

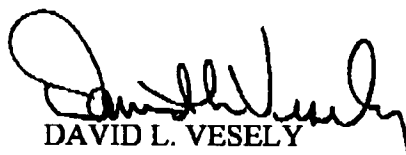
Maj Art Kaminski, AF Medical Operations Agency (AFMOA)/SGOE, provided an information briefing on the Ergonomics program. Ergonomics is an applied science that engineers the workplace to the worker by reducing awkward postures, high force, and repetitive motion. DoD requires the AF have an Ergonomics program. Good business practice requires a program to control costs (direct and indirect program costs are \$50M and \$500M respectively, excluding military). He stated that originally the SG had envisioned that every installation would have a similar Ergonomics program; however, the ESOH TPIPT analyzed the problem and provided a work-breakdown of 51 tasks focused on the most significant problem areas with a near-term cost of \$600K. The TPIPT analysis allows the SG to create a focused, compliant program for about 3% of the previously anticipated cost, and we now realize that most of the compensation problems exist at the Air Logistics Centers and most are caused by back problems. As a result, HQ AFMC has been designated the program lead and will focus on back problems. He stated that AFMOA would provide a program update in Nov 98 and that AFMOA would work with DP in the preparation of the briefing on compensation. He stated that the metrics guiding the implementation of the Ergonomics program would tie into the metrics development proposed in the SOH briefing.

Closing Remarks

Gen Mabry reiterated the link between our ability to prevent injuries and illness in our peacetime workplaces and in the essential wartime requirement to keep the force fit and on the job. Mr McCall said the Ergonomics program was a good example of a focused solution that frees funding for other program areas and if given proper oversight will reduce our worker injuries and the associated compensation.



THOMAS W. L. MCCALL, JR.
Deputy Assistant Secretary
of the Air Force
(Environment, Safety and
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DAVID L. VESELY
Lieutenant General, USAF
Assistant Vice Chief of Staff

Attachment:
Briefing Charts